NC DIVISION MH/DD/SAS
2008 COMMUNITY SUPPORT SERVICES AUDIT

PROVIDER NAME:	**AUDIT DATE:**
PROVIDER #:	**NAME:**
CONTROL #:	**SERVICE TYPE:**
MEDICAID #:	**PROCEDURE CODE:**
DOB/AGE:	**SERVICE DATE:**
RECORD #:	**UNITS BILLED:**

RATING CODES:	**O = Not Met/No** **1 = Met/Yes**	**6 = No service note** **7 = Provider name not available**	**8 = Repaid** **9 = NA**	**RATING**
1. a. Is an authorization in place covering this date of service? **b. If NOT MET, list dates: FROM_____TO_____**				
2. a. Is there a valid service order for the service billed? **b. If NOT MET, list dates: FROM_____ TO_____**				
3. a. Is the PCP current with the date of service? **b. If NOT MET, list dates: FROM_____TO_____**				
4. Is the PCP individualized per person?				
5. Is the documentation written and signed by the person who delivered the service?				
6. Does the service note reflect purpose of contact, staff intervention, and assessment of progress toward goals?				
7. Does the service note relate to the individual's goal(s) as listed in the PCP?				
8. CS Adult/Child: Does the intervention relate to the recipient's diagnosis and clinical needs as reflected in the PCP?				
9. Are the service notes individualized per person?				
10. Do the units billed match the duration of service?				
11. Does the documentation reflect treatment for the duration of service?				
12. a. Is there documentation that the staff is qualified for the service provided? **b. If NOT MET, list dates: FROM:_____TO:_____**				
13. a. Is an individualized supervision plan in place for paraprofessional and AP staff? **b. Is the plan implemented?** **c. If "b" is NOT MET, list dates: FROM:_____ TO:_____**			**a.** **b.**	
14. a. Did the provider agency require disclosure of any criminal conviction by the staff person(s) who provided this service? **b. NOT MET, list dates: FROM:_____ TO:_____**				
15. a. The provider of service has no substantiated findings on the Health Care Registry. **b. If NOT MET, list dates: FROM:_____ TO:_____**				

COMMENTS:

AUDITOR:	**LME:**